DOCUMENT RESUME

ED 152 709 SP 012 378

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| TITLE | Criteria for Evaluating the School Health Education Program. |
| SPONS AGENCY | California State Dept. of Education, Sacramento. |
| PUB DATE | 77 |
| NOTE | 14p. |
| AVAILABLE FROM | School Health Program Component, 721 Capitol Mall, Sacramento, California 95814 ($0.65) |
| EDRS PRICE | MF-$0.83 Plus Postage. HC Not Available from EDRS. |
| DESCRIPTORS | Change Agents; *Educational Assessment; Elementary Secondary Education; *Evaluation Criteria; *Health Education; Inservice Teacher Education; *Performance Criteria; *Program Evaluation; Self Evaluation |

ABSTRACT

This document can be used by school personnel as a tool in making an evaluation of the school health education program. The results of such an evaluation reveal strengths and weaknesses, and school personnel may utilize these data to determine steps to strengthen the health education program. The criteria are expressed in terms of desirable practices. Provision is made for judging on a five-point scale the extent to which a program meets each criterion. Space is provided for listing changes and for recording recommended steps to be taken. (Authors/JD)

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# Criteria for Evaluating the School Health Education Program

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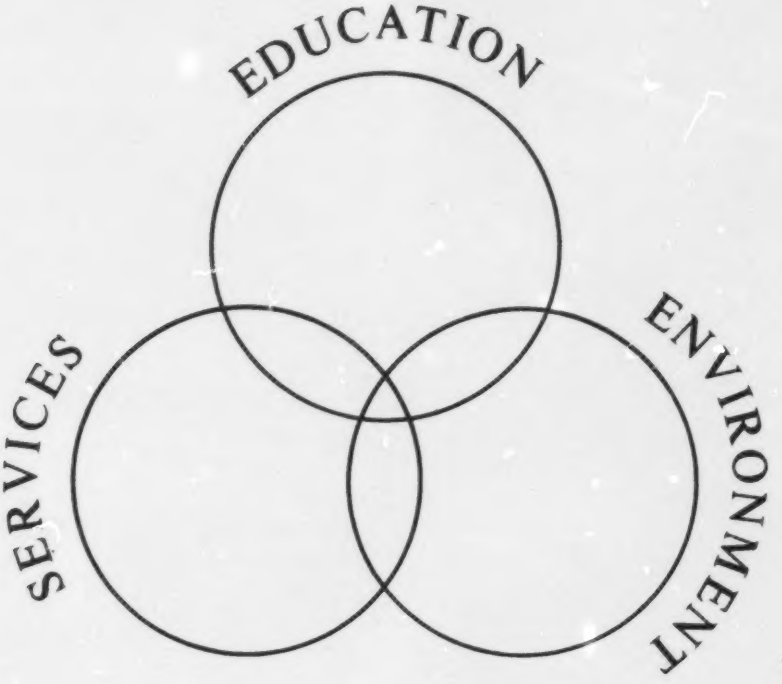
CALIFORNIA STATE DEPARTMENT OF EDUCATION
Wilson Riles—Superintendent of Public Instruction
Sacramento, 1977

SP012 378

This publication was edited and prepared for photo-offset production by the Bureau of Publications, California State Department of Education, and published by the Department, 721 Capitol Mall, Sacramento, California 95814.

1977




**The school health program is composed of three interrelated and interdependent components--health education, health services, and a healthful environment. In this publication the authors address only health education *in depth*.**

**Information about services related to school health education and school health services may be obtained by contacting:**

**School Health Program Component**
**California State Department of Education**
**721 Capitol Mall**
**Sacramento, CA 95814 (916) 322-5420**

# Criteria for Evaluating the School Health Education Program

This document can be used by school personnel as a tool in making an evaluation of the school health education program. The results of such an evaluation reveal the strengths and weaknesses of the program, and school personnel may utilize these data to determine steps to be taken to strengthen the health education program.

*Criteria for Evaluating the School Health Education Program* is designed to be used by school personnel in a self-evaluation process. The evaluation should be made by a representative school/community group. School representatives should include administrators, teachers, students (at junior and senior high school levels), health service personnel, and others who may be concerned with health education. Community representatives should include parents, personnel in public health, medical, dental, and voluntary health agencies, and others who may be concerned with health education. If students are not represented on the committee, efforts should be made to obtain input from them.

The criteria are expressed in terms of desirable practices. Provision is made for judging on a five-point scale the extent to which a program meets each criterion (completely; to some degree—75 percent, 50 percent, 25 percent; or not at all). Space is provided for listing changes that may be needed. At the top of each major section, space is provided for recording recommended steps to be taken in relation to the changes needed. Care should be taken to make recommendations that will not have an adverse effect on provisions or practices already meeting the criteria. Changes that are needed will undoubtedly have to be prioritized in terms of short- and long-range goals, and recommendations will need to be developed accordingly. Obviously, provision should be made for follow-up of the recommendations.

If a school/community health council or committee exists in the district, members of the group would logically be involved in the evaluation and the follow-up of recommendations. If no such council or committee exists, the group assembled for the evaluation may become the core of such a council or committee.

The format for this document is based on two 1962 State Department of Education publications entitled *Criteria for Evaluating the Elementary School Health Program* and *Criteria for Evaluating the Secondary School Health Program.*

The current document was prepared by Robert Ryan and Patricia Hill, Consultants in Health Education, under the direction of Em Riggs, School Health Program Administrator, School Health Program Component, California State Department of Education. Reactions from a field review of the preliminary draft of the material were utilized in preparing the final document.

| Criteria | Completely | To some degree: Percent 75 | 50 | 25 | Not at all | Changes needed |
|---|---|---|---|---|---|---|
| A. The district has a planned health education program with identified objectives and scope and sequence of instruction for each grade level consistent with the current state health instruction framework. | Recommended steps to be taken: | | | | | |
| 1. A written statement of the district's policy regarding the health education program is available. | | | | | | |
| 2. The district has a health curriculum consistent with the current state health instruction framework. | | | | | | |
| a. The health education curriculum is up to date. | | | | | | |
| b. The health education curriculum includes a statement of basic beliefs about health education, grade level objectives, and scope and sequence of content. | | | | | | |
| 3. Responsibilities are defined for all persons involved in the health education program (principals, teachers, school nurses, and others). | | | | | | |
| B. The district has assigned personnel to provide leadership for the implementation and maintenance of a comprehensive health education program and has provided the necessary resources. | Recommended steps to be taken: | | | | | |
| 1. A person at the district level has been delegated responsibility for providing leadership to the district's health education program. | | | | | | |
| 2. The person with leadership responsibility has had professional preparation in health education. | | | | | | |
| 3. The person with leadership responsibility coordinates school health activities with community health activities, working with representatives of official and voluntary health agencies, professional health associations, and other groups concerned with health education. | | | | | | |

| Criteria | Completely | To some degree: Percent 75 | 50 | 25 | Not at all | Changes needed |
|---|---|---|---|---|---|---|
| 4. The district provides the resources (funding, personnel, materials) necessary to operate the health education program. | | | | | | |
| C. Health education programs are coordinated with community health programs. Representatives of public and private agencies and organizations, as well as students and parents, are involved in the planning and/or implementation of the program. | Recommended steps to be taken: | | | | | |
| 1. An active school/community health council or committee is involved in planning and/or implementing the school health education program. | | | | | | |
| 2. Students are involved in planning and/or implementing the health education program. | | | | | | |
| 3. Parents are involved in planning and/or implementing the health education program. | | | | | | |
| 4. A guide or directory is available and includes information about community and district resources related to health. | | | | | | |
| 5. Community and district resources are utilized for inservice training programs in health education. | | | | | | |
| 6. Teachers are aware of health counseling and health service resources provided by the district and the community. | | | | | | |
| 7. The community is utilized as a laboratory for student experiences in health education. | | | | | | |
| D. Persons who provide instruction in health have had preparation in health education through preservice or inservice training. | Recommended steps to be taken: | | | | | |
| 1. Opportunities for inservice training in health education are available to staff members, support staff, and others. | | | | | | |
| 2. Teachers are involved in the planning of the inservice training programs. | | | | | | |

| Criteria | Completely | To some degree: Percent 75 | 50 | 25 | Not at all | Changes needed |
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| 3. Inservice training opportunities in health education receive emphasis comparable to that given to inservice training opportunities in other subject areas. | | | | | | |
| 4. Teachers at the elementary and secondary levels have had preservice or inservice preparation in health education. | | | | | | |
| 5. Those teaching health courses in junior and senior high schools have a major or minor (or equivalent) in health education. | | | | | | |
| E. The educational experience of each student in the elementary school and in the secondary school includes identifiable health instruction. | Recommended steps to be taken: | | | | | |
| 1. The philosophy, goals, and concepts of health instruction are consistent with those included in the current state health instruction framework. | | | | | | |
| 2. Objectives in terms of student knowledge, attitudes, and behavior related to health have been established at each grade level. | | | | | | |
| 3. Specific time is provided for health instruction when needed to achieve stated objectives. | | | | | | |
| 4. Health instruction is integrated with other subjects when such practice will achieve stated health education objectives. | | | | | | |
| 5. Credit equal to that given for instruction in other subjects is given for health instruction. | | | | | | |
| 6. At the elementary level, the health instruction program is coordinated with the ongoing instructional program and particularly with early childhood education programs, where the latter exist. | | | | | | |

| Criteria | Completely | To some degree: Percent 75 | 50 | 25 | Not at all | Changes needed |
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| 7. All students at the junior high school level (except students excused*) receive health instruction for at least one semester or the equivalent. (Instruction is provided in separate courses, minicourses, or coordinated blocks of time in other subjects or through other special scheduling.) | | | | | | |
| 8. All students at the senior high school level (except students excused*) receive health instruction for at least one semester or the equivalent. (Instruction is provided in separate courses, minicourses, or coordinated blocks of time in other subjects or through other special scheduling.) | | | | | | |
| F. Health education focuses upon affective as well as cognitive approaches. | Recommended steps to be taken: | | | | | |
| 1. A balance exists between affective and cognitive approaches to health education in the classroom. | | | | | | |
| 2. Instructional activities are planned and developed in such a way as to enable students to: a. Grow in self-awareness; i.e., develop a positive sense of identity and self-esteem. | | | | | | |
| b. Develop skills for effective decision making. | | | | | | |
| c. Grow in coping action; i.e., apply learnings in daily living. | | | | | | |
| 3. The students and the health education teacher interact positively. | | | | | | |
| 4. The following methods are used separately or in combination when appropriate: a. Problem solving | | | | | | |
| b. Demonstration | | | | | | |

*Excuses from health instruction are provided on the basis of religious or personal beliefs (Education Code Section 51240).

| Criteria | Completely | To some degree: Percent 75 | 50 | 25 | Not at all | Changes needed |
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| c. Laboratory experimentation | | | | | | |
| d. Lecture-discussion | | | | | | |
| e. Reading | | | | | | |
| f. Discussion | | | | | | |
| g. Student projects | | | | | | |
| h. Research | | | | | | |
| G. The content of health education is designed to serve current and future student health needs. | Recommended steps to be taken: | | | | | |
| 1. Content centers on promotion and maintenance of wellness rather than illness and disease. | | | | | | |
| 2. The content includes the following, and the degree of emphasis on each area is based on assessed needs of students: | | | | | | |
| a. Personal health (wellness, physical fitness, rest and sleep, posture, oral health, vision, hearing) | | | | | | |
| b. Family health | | | | | | |
| c. Nutrition | | | | | | |
| d. Mental-emotional health | | | | | | |
| e. Use and misuse of substances | | | | | | |
| f. Diseases and disorders | | | | | | |
| g. Consumer health | | | | | | |
| h. Accident prevention and emergency health services | | | | | | |
| i. Community health | | | | | | |

| Criteria | Completely | To some degree: Percent 75 | 50 | 25 | Not at all | Changes needed |
|---|---|---|---|---|---|---|
| j. Environmental health | | | | | | |
| H. Materials used in health education are current and accurate. | Recommended steps to be taken: | | | | | |
| 1. Materials are up to date. | | | | | | |
| 2. Materials are scientifically accurate. | | | | | | |
| 3. Materials are selected for their contribution in meeting objectives of the health education program. | | | | | | |
| 4. Instruction is enriched by the use of current materials available from official and voluntary health agencies and professional associations. | | | | | | |
| 5. Instruction is enriched by the use of current audiovisual materials, such as films, filmstrips, models, charts, radio and television programs, and tape recordings. | | | | | | |
| I. A plan exists for evaluating the health education program. | Recommended steps to be taken: | | | | | |
| 1. A planned program of evaluation will appraise the effectiveness of health education in terms of student growth in: a. Knowledge related to health | | | | | | |
| b. Attitudes toward health and health practices | | | | | | |
| c. Health behavior | | | | | | |
| 2. The results of evaluations are used to improve the health education programs. | | | | | | |

## Worksheet

| Summary of recommended steps to be taken: | Priorities, timelines, and resources: |
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| | |

## Worksheet

| Summary of recommended steps to be taken: | Priorities, timelines, and resources: |
| --- | --- |
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# Health Education Publications Available from the California State Department of Education

The following publications are available from the School Health Program Component, 721 Capitol Mall, Sacramento, CA 95814:

*Criteria for Assessing Alcohol Education Programs* (1976)
*Guidelines for Drug Education Programs in the Schools* (1974)

The following publications may be ordered from Publications Sales, California State Department of Education, P.O. Box 271, Sacramento, CA 95802, at the prices listed:

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| *Genetic Conditions: A Resource Book and Instructional Guide to Human Heredity and Birth Defects, Kindergarten Through Adult Education* (1977) | $1.30 |
| *Guide for Vision Screening in California Public Schools* (1974) | .65 |
| *Suggestions for Instruction About Gonorrhea and Syphilis in Junior and Senior High schools* (1972) | .65 |
| *VD Education in California: A Review of Ideas, Programs, Methods, and Resources* (1976) | 1.00 |

Sales tax should be added to all orders from California residents. Remittance or purchase order must accompany orders; purchase orders without checks are accepted only from government agencies in California.

An updated framework, *Health Instruction Framework for California Public Schools, Preschool Through Young Adult Years,* was approved by the California State Board of Education in March, 1977, and will be available in late 1977. Please inquire before ordering.

A complete list of publications available from the Department may be obtained by writing to the address listed above.



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